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John Panko

804-741-3466

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RESPONSE TRANSMITTAL	Docket No.:	EWV-P005US	Total Pages:	51																											
	Application No.: 10/007,461																														
	Filing Date: 11/05/2001																														
	First Named Inventor: Rick Castanho																														
	Art Unit: 2151																														
	Examiner Name: Backhean Tiv																														
ITEMS INCLUDED:	ADDRESS TO: <input checked="" type="checkbox"/> Mail Stop Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450																														
1. <input checked="" type="checkbox"/> Response to Office Action dated August 9, 2005. <input type="checkbox"/> After Final. 2. <input checked="" type="checkbox"/> Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension is 3rd Month; accordingly the appropriate non-small-entity fee is (\$1020.00). <input checked="" type="checkbox"/> Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$510.00). 3. <input type="checkbox"/> Substitute Specification. 4. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449. <input type="checkbox"/> Copies of IDS citations. 5. <input type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets:) <input type="checkbox"/> Informal, for approval of changes <input type="checkbox"/> Formal 6. <input type="checkbox"/> Excess claim fees: <table border="0"> <tr> <th><u>Total Claims</u></th> <th><u>Extra Claims</u></th> <th><u>Fee (\$)</u></th> <th><u>Fee Paid (\$)</u></th> <th><u>Multiple Dependent Claims</u></th> </tr> <tr> <td>-20 or HP=</td> <td>x 25</td> <td></td> <td></td> <td><u>Fee (\$)</u></td> </tr> <tr> <td colspan="3"></td> <td><u>Fee Paid (\$)</u></td> <td><u>180</u></td> </tr> </table> <p>HP = highest number of total claims paid for, if greater than 20</p> <table border="0"> <tr> <th><u>Indep. Claims</u></th> <th><u>Extra Claims</u></th> <th><u>Fee (\$)</u></th> <th><u>Fee Paid (\$)</u></th> </tr> <tr> <td>-3 or HP=</td> <td>x 100</td> <td></td> <td></td> </tr> <tr> <td colspan="3"></td> <td><u>Fee Paid (\$)</u></td> </tr> </table> <p>HP = highest number of independent claims paid for, if greater than 3.</p>					<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	-20 or HP=	x 25			<u>Fee (\$)</u>				<u>Fee Paid (\$)</u>	<u>180</u>	<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	-3 or HP=	x 100						<u>Fee Paid (\$)</u>
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-3 or HP=	x 100																														
			<u>Fee Paid (\$)</u>																												
7. <input type="checkbox"/> Other Fees: 8. <input type="checkbox"/> A check in the amount of the above-noted fees is enclosed. 9. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. 10. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number (). A duplicate copy of this sheet is enclosed for this purpose. 11. <input type="checkbox"/> Other Enclosure(s): 12. <input type="checkbox"/> Remarks:																															